

## **Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::

Filing Date:: November 12, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: EASY TO SWALLOW ORAL MEDICAMENT  
COMPOSITION

Attorney Docket Number:: 225198

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name::  
Family Name:: Gruber  
Name Suffix::  
City of Residence:: Freiburg  
State or Prov. of Residence::  
Country of Residence:: DE  
Street of mailing address:: Kartausser Str. 118e  
City of mailing address:: Freiburg  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: D-79104

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

#### **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Continuation of	09/242,167	February 10, 1999

## FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
WO	PCT/CH97/00299	August 14, 1997	Yes
Switzerland	2006/96	August 15, 1996	Yes

## ASSIGNEE INFORMATION

Assignee name:: Losan Pharma GmbH  
Street of mailing address:: Otto-Hahn-Strasse 13  
City of mailing address:: Neuenburg  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: D79395